



COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

TEMPORARY USE PERMIT (TUP)

PROPERTY ADDRESS: _____

BUSINESS NAME: _____ CENTER NAME: _____

TYPE OF BUSINESS: _____

STARTING DATE: _____ ENDING DATE: _____ NUMBER OF DAYS: _____

APPLICATION DATE: _____

CHECK BOX FOR EVENT – FOR ADDITIONAL INFORMATION, REFER TO CHAPTER 19.740 (TUP)

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CAR WASH, NON-COMMERCIAL | <input type="checkbox"/> OUTDOOR PREPARATION OF FOOD |
| <input type="checkbox"/> CARETAKER LIVING QUARTERS | <input type="checkbox"/> PARKING LOT SALE |
| <input type="checkbox"/> CHRISTMAS TREE & PUMPKIN SALES LOT | <input type="checkbox"/> SPECIAL EVENTS (RUNNING EVENTS,
PARADES, BLOCK PARTIES, ETC.) |
| <input type="checkbox"/> CIRCUS WITH TENT | <input type="checkbox"/> SUBDIVISION SALES TRAILER AND/OR OFFICE
DURING CONSTRUCTION |
| <input type="checkbox"/> DWELLING UNIT (MOTOR HOME, RV,
CAMPER, ETC.) | <input type="checkbox"/> TENT MEETINGS, NON-COMMERCIAL |
| <input type="checkbox"/> FAIR, CONCERT, EXHIBIT, OR SIMILAR USE | <input type="checkbox"/> VAPOR RECOVERY |
| <input type="checkbox"/> MOBILE MEDICAL UNITS FOR HUMANS | |

APPLICANT INFORMATION

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail Address: _____

I have read the City's regulations concerning temporary use permits and agree to abide by them. I understand that the activity permitted under this TUP must be discontinued on the ending date specified on this form. Where this permit is for a parking lot or sidewalk sale, I certify that the sales are in conjunction with and clearly incidental to an existing permanent use on-site. I further understand that flags, pennants, banners, portable signs, or other types of promotional paraphernalia are prohibited by the Riverside Municipal Code.

PROPERTY OWNER OR AUTHORIZED
REPRESENTATIVE'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

TEMPORARY USE PERMIT (TUP)

STAFF USE ONLY

REQUIRED AGENCY REVIEWS (CHECK BOXES AS NEEDED)

AGENCY NAME	SIGNATURE & DATE:	COMMENTS/ CONDITIONS:
<input type="checkbox"/> Building Division	_____	_____
<input type="checkbox"/> Public Utilities (Water)	_____	_____
<input type="checkbox"/> Public Utilities (Electric)	_____	_____
<input type="checkbox"/> Fire Department	_____	_____
<input checked="" type="checkbox"/> Business Tax (Required)	_____	_____
<input checked="" type="checkbox"/> Planning Division (Required)	_____	_____
<input type="checkbox"/> Police Department	_____	_____
<input type="checkbox"/> County Health Department	_____	_____
<input type="checkbox"/> Other	_____	_____

TOTAL NUMBER OF TUPs PER TYPE ON THIS SITE

Year to Date: _____

Still Available: _____

CASE NUMBER: _____

FEES: _____

PLANNER'S INITIALS: _____

SUBMITTAL DATE: _____

NOTES:

3900 Main Street – Third Floor, Riverside, CA 92522
Phone: (951) 826-5371 / Fax: (951) 826-5981
www.riversideca.gov/planning